

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 15 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

8 County Benton
Township Williams
City _____ (No. _____, _____ St. _____ Ward)

Registration District No. 59Primary Registration District No. 5094File No. 4959Registered No. 5

2. FULL NAME

Mrs Margaret Lutjen(a) Residence, No. _____ St. _____ Ward. 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widwo</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martin Lutjen</u> <u>7-11-1858</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE <u>78</u>	YEARS <u>7</u>	MONTHS <u>11</u>
DAYS <u>11</u>		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>At Home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Near Cole Camp</u> <u>Mo</u>
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13. NAME	<u>Claus Doerger</u>
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14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Germany</u>
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15. MAIDEN NAME	<u>Brandt</u>
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16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Germany</u>
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17. INFORMANT (ADDRESS)	<u>W C Lutjen</u> <u>R R D Cole Camp Mo</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Mt Hulda</u>	DATE <u>2-17-37</u>
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19. UNDERTAKER (ADDRESS)	<u>E L Mickhoir</u> <u>Cole Camp Mo</u>
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20. FILED <u>Feb 16</u> , 1937	<u>Sue Selover</u> <u>Registrar</u>
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-15-1937, 19

22. I HEREBY CERTIFY, That I attended deceased from

Dec 30, 1935, to Feb 15, 1937I last saw her alive on Jan - 25, 1937. Death is said
to have occurred on the date stated above, at 9:15 P. M.

The principal cause of death and related causes of importance were as follows:

Mitral Lesion

Date of onset

12-30-35

Other contributory causes of importance:

Name of operation None Date of _____What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Harry Bay, M. D.(Address) Cole Camp, Mo.

